UNITED STATES DISTRICT COURT

WESTERN DISTRICT OF LOUISIANA

SHREVEPORT DIVISION

AKEEM HENDERSON and JENNIFER ALEXANDER, INDIVIDUALLY AND AS ADMINISTRATRIX OF THE SUCCESSION OF A.H.

CIVIL ACTION NO. 5:19-CV-00163

VERSUS

JUDGE ELIZABETH E. FOOTE

MAGISTRATE JUDGE MARK L. HORNSBY

WILLIS-KNIGHTON MEDICAL CENTER d/b/a WILLIS KNIGHTON SOUTH HOSPITAL

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DEPOSITION OF

JACQUELYN WHITE, M.D.

February 12, 2020

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Taken at:

Health Hut
310 West Mississippi Avenue
Ruston, Louisiana

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Reported by: Janet McBride
Certified Court Reporter
Certificate No. 27006

Q. Well, tell me how or if at all the discharge figured into what you looked at.

A. So when I evaluated this case, I evaluated was the patient appropriate--were they given a medical screening exam, did they have an emergency medical condition, were they given an exam, were they given appropriate treatment, and were they inappropriately or appropriately discharged. And so that's how I looked at the chart.

Q. And did you find that there was an emergency medical condition?

A. There was an emergency medical condition. Yes, sir.

Q. And what was that condition?

A. Respiratory distress, an asthma exacerbation.

Q. Would it be fair to say that the primary focus and goal of an emergency room physician treating such a patient with respiratory distress, would that main focus be on keeping that respiratory distress from becoming respiratory failure?

A. I wouldn't say that's-- The primary goal is to treat the patient and to stabilize them.

Q. To stabilize them.

A. Yes, sir.

Q. How would you know if a patient is stable?

A. Well, what's your definition of stable?

Q. That's what I don't know.

treatments were administered before the vital signs or after the vital signs?

A. Well, it looks like-- Going by the chart, the breathing treatment is documented as starting administration at 2:04. A breathing treatment takes approximately ten to fifteen minutes, sometimes twenty minutes, to be given. So it says at 2:04, the first set of vital signs are put in at 2:05. But it looks like they signed in at 1:54. So within ten to fifteen minutes. Now, you have the nursing--the nursing vital signs that are done at 2:05. So it looks like they were kind of in a combination together.

Q. Do you feel like there was a sense of urgency in the emergency room that night?

A. Yes, sir.

Q. And what was the emergency?

A. The emergency was that the child was wheezing and having some difficulty breathing.

Q. Okay. The vital signs that were taken upon the initial--the initial vital signs, were they normal or abnormal?

A. The breathing was slightly increased. The respiratory rate, the heart rate could be perceived as normal. There's variable normals in a four-year-old child. The pulse ox was a little low and the temperature was at

the emergency room, the physicians really didn't know what was causing the high respiratory rate. Is that right?

A. I wouldn't say that they didn't know because I think the parent presented as an asthma exacerbation. And when a nurse does the initial part of the vital signs is listening to the lungs. So I think they knew or had a good idea of where it was coming from being the fact that they gave them a treatment within ten to fifteen minutes.

Q. Is it fair to say that the Albuterol relaxes the airways but it has no affect at all upon the inflammation?

A. Yes, sir. That is fair to say. It's a muscle--it's a relaxant--it's an anti-inflammatory--kind of a little bit of both, but it does relax the airways to open them up.

Q. Right.

A. Asthma causes inflammation and swelling of the lower airways and so Albuterol helps to open that up. Yes, sir.

Q. Okay. With the initial treatment, did it involve treating the inflammation?

A. The initial treatment did the inflammation mostly. That is how you treat it initially. The child had a DuoNeb which is a combination of Albuterol and ipratropium, which both, in different ways, relax smooth muscle in the lungs and then the second treatment was just Albuterol by itself.

Q. Okay. I think--

A. Yes, sir.

prescription of some oral steroids.

Q. And would it be fair to say that the Decadron was administered mainly for inflation?

A. For inflammation? Yes, sir.

Q. How long does it take for that steroid to take effect?

A. It can be six to eight hours. It's long-term. It's not an acute treatment.

Q. Okay. Tell me why you would not want to wait six to eight hours to find out if the inflammation is going to be controlled by the steroid before you discharge the child.

A. Because he felt the child was stable enough to be discharged home to do nebulizer treatments at home. It is documented that the patient has a nebulizer machine at home.

Q. That's the Albuterol?

A. Yes, sir. Yes, sir.

Q. I thought we talked earlier, maybe I missed it but to make sure that we're on the same page here. I thought we talked about Albuterol not treating inflammation, just simply opening the airways.

A. It does. And that's how you treat--treat asthma. That's considered a rescue medicine as well as some type-- Some people put them on a low-dose of a maintenance. Her maintenance medicine is Dulera that she was doing twice a

day which was a combination steroid inhaler and a long-acting Albuterol.

Q. Tell us, if you will, how the inflammation effects the breathing.

A. It only effects the breathing if the inflammation's preventing--it's causing congestion and prevention of oxygen exchange. So sometimes they may have a little bit of wheezing. They may have no wheezing. They may have a little bit of tachynpea or breathing a little fast. But that is the primary treatment of asthma.

Q. So the Albuterol is going to open the airway. The steroid Decadron is going to treat the inflammation--

A. Uh-huh (yes).

Q. --but we really haven't determined whether this steroid is going to work or not to reduce that inflammation until six or eight hours after it's administered. Is that right?

A. The steroid kicks in six or eight hours later. Yes, sir.

Q. What happens if the steroid doesn't work?

A. Well, they're given--they have Albuterol medicine at home. Sometimes mild asthmatics are not even given steroids. They're given an Albuterol treatment or two and given their medication.

Q. Doctor, would you agree with me that the Albuterol

very--in much distress. Even if you're not hearing it, they're not sitting here like you and I. They're going to be very uncomfortable.

Q. Did you notice that the family, as noted in the records, observed respiratory failure.

A. I don't understand what you're saying. They observed it when?

Q. When they called the ambulance?

A. I did not see the run sheet of the call. I'm reading the ER chart and I don't--I don't know what they said when they called. Do you have the run sheet of when the patient was picked up by the ambulance?

Q. I don't know if we have that, Doctor. I'm not sure.

A. Okay. Well, I will say that on the ER note that the doctor wrote that CPR was not being done by the bystander, so I'm assuming that the patient did not code in front of the parents or they didn't recognize it and that the ambulance guys recognized or it occurred in front of the ambulance guys.

Q. Okay. You think also, Doctor, coming back to what we talked about early-- Well, before we leave that. Do you think a four-year-old can explain to a doctor that "I'm feeling better, Doctor. I'm okay."

A. They can say, they can show it, they can act it. I think you can say, "Do you feel better?" and they can smile

A. Okay. Abnormal doesn't have to mean unstable. So you can have an abnormal vital sign, which is out of the norm of what is-- It's like a bell curve. It can be out of the abnormal, but not necessarily mean the patient is unstable.

Q. What would you tell the jury an unstable vital sign is?

A. I would say that abnormal and unstable are different, and do I think she had any unstable? No. Do I think it could've been abnormal on certain perimeters? It could be-- Which if you look at different books, such as if you want to look at Harriet Lane or a different pediatric book, they can have different norms for a four-year-old.

Q. Okay. Did you ask for any documents in this case that you didn't get?

A. I asked for all the old ER records and the run sheet, and I didn't get the run sheet. I think--

WITNESS TO MR. ROBISON: Did I ask for that? I didn't ask for it?

MR. ROBISON: You asked for it.

A. I did ask for it. I asked for the run sheet when they did go pick up the patient, and I didn't get that. And the old ER records. Those were the two I asked for. Yes, sir.

Q. Okay. Do you know what the very first thing he sees at 10:00 on this patient that's coded?
A. Is what?
Q. Tears to the vagina wall that looked fresh.
A. The first thing he documented?
Q. One of the first.
A. I didn't see the--I haven't seen that chart.
Q. Okay. Is a size twelve French catheter too large for a four-year-old female?
A. It is large for the--according to this, yes, sir.
Q. Well, if the family committed the abuse, it had to happen after the child was discharged from Willis-Knighton South and taken to grandma's house. Would you agree with that?
A. Then or they didn't do a good physical initially and it was done sometime during the night prior to the other visit. I mean, it could've happened at any time. You have a normal thing, but you're going to have to ask the provider when he wrote it, how well did you look-- I mean, he's--he's not going to spread her labia and look down there on a child with asthma.
Q. Unless he wants to have that particularly noted in the medical records. Right?
A. It's not particularly noted. It just says GU, normal, no edema-- You can see no bleeding without

Q. I don't know.

A. Okay. I mean, really, all this negates anything if you have a SANE evaluation. And I guess in the inpatient side of that chart, it may say whether they decided to pursue it or did not or I don't know. But whether there's inconsistencies there, if a SANE has an evaluation, that's going to tell you if they think there's any trauma or could it have been from the foley catheter insertion from the-- the craziness in the ER of putting it in? That skin's very friable. It could've easily, you know, could it have happened? Absolutely.

Q. On February the 12th--

A. Yes, sir.

Q. --two days later--

A. Yes, sir.

Q. --the size twelve French catheter is in place. Again, I'll ask you the same question that we've talked about. Do you know how we go from the eight size to the six size to the twelve size?

A. No, sir.

Q. On February the 13th, I think we're talking about a brain-dead child at this point. Are we, Doc?

A. I did not review that chart.

Q. Okay.

A. I'm sorry.

Q. No. No problem. On February the 13th, at 5:50 p.m., it's noted a large area of swelling is noted to the pubic mound region in the labia, more so the pubic mound.

A. Okay.

Q. How long would it take for that swelling to appear?

A. From trauma?

Q. Right.

A. From abuse?

Q. Right.

A. From a couple of minutes to a couple of hours. Was there bruising with it? Was there just swelling? I think without a SANE exam or a SANE thing, I don't think it's really worrisome about any of this. If the child's been on fluids and all that, they could be having swelling anywhere. Because the swelling from the trauma of putting a catheter in very rapidly, is it from sexual abuse?

Q. Well, it's very concerning to me, Doc, that swelling would happen in a couple of hours.

A. Uh-huh (yes).

Q. Do I have that right?

A. That it can happen in a couple of hours? Sure.

Q. I mean, well, do it this way. More likely than not, how long is it going to take for that swelling to appear on the pubic mound?

A. It can be within a couple of minutes to a couple of